



Sector #3

<b>TRANSMITTAL FORM</b>  (for all correspondence after initial filing)	Attorney Docket No. <b>S97-047</b>	Total Pages
	Application Number <b>09/324,367</b>	
	Filing Date <b>6/2/99</b>	
	First Named Inventor <b>BORA A. AKYOL</b>	
	Group Art Unit <b>2745</b>	
	Examiner <b>NOT ASSIGNED</b>	

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	<input checked="" type="checkbox"/> Response to Notice of Missing Parts
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Small Entity Statement
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Declaration by Inventors
<input type="checkbox"/> Response/Amendment	<input checked="" type="checkbox"/> Assignment papers
<input type="checkbox"/> After Final Rejection	<input checked="" type="checkbox"/> Power of Attorney by Assignee
<input type="checkbox"/> After Allowance communication to Group	<input type="checkbox"/> IDS/PTO-1449
<input type="checkbox"/> with Corrected Drawing(s) Total Sheets: [ ]	<input type="checkbox"/> with copies of cited references
<input type="checkbox"/> with Affidavits/Declarations	<input type="checkbox"/> New Power of Attorney and Revocation of Old
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Other:

SIGNATURE OF AGENT	
NAME	<b>MAREK ALBOSZTA, REG. NO. 39,894</b>
Signature	
Date	<b>16 Aug. '99</b>

Certificate of Mailing by "Regular Mail"	
I hereby certify that this correspondence is being deposited on the date indicated below as first class mail with the U.S. Postal Service addressed to the ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231.	
 <b>MAREK ALBOSZTA</b> <b>REG. NO. 39,894</b>	<b>DATE OF MAILING: 16 Aug. '99</b>



## FEE TRANSMITTAL

Application Number:	09/324,367
Filing Date:	6/2/99
First Named Inventor:	Bora A. Akyol
Title of Invention:	Dynamic Resource Allocation and Media Access Control for a Wireless ATM Network
Group Art Unit:	2745
Examiner:	Not assigned
Attorney Docket No.:	S97-047

**Fee Calculation:**for ☐ Large Entity / ☒ Small Entity.**Basic Billing Fee:**

<input checked="" type="checkbox"/> Utility Patent Application:	\$760 / \$380	\$ 380
<input type="checkbox"/> Provisional Patent Application:	\$150 / \$75	\$

**Claims:**

<input checked="" type="checkbox"/> Number of Total Claims Over 20: [3]	x \$18 / \$9 =	\$
<input type="checkbox"/> No. of Independent Claims Over 3: [ ]	x \$89 / \$39 =	\$

**Other Fees:**

<input type="checkbox"/> Extension of time, 1 month	\$110 / \$55	\$
<input type="checkbox"/> Extension of time, 2 months	\$380 / \$190	\$
<input type="checkbox"/> Extension of time, 3 months	\$870 / \$435	\$
<input type="checkbox"/> Extension of time, 4 months	\$1360 / \$680	\$
<input checked="" type="checkbox"/> Missing Parts Surcharge (Regular Application)	\$130 / \$65	\$ 65
<input type="checkbox"/> Missing Parts Surcharge (Provisional Application)	\$50 / \$25	\$
<input checked="" type="checkbox"/> Recordation of Assignment Document	\$40	\$ 40
<input type="checkbox"/> Issue Fee	\$1210 / \$605	\$
<input type="checkbox"/> Printed Patent; Number of Copies: [ ]	x \$3 =	\$

**TOTAL PAYMENT:** \$ 485**Method of Payment:**☒ Payment Enclosed☒ Check**Signature of Applicant, Attorney, or Agent**  
Marek Alboszta, Reg. No. 39,894

Date

16 Aug. '99



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
09/324,367	06/02/99	AKYOL	B 597-047

THOMAS J MCFARLANE  
LUMEN INTELLECTUAL PROPERTY SERVICES  
426 LOWELL AVENUE  
PALO ALTO CA 94301

0262/0629

NOT ASSIGNED

2745

DATE MAILED:

06/29/99

### NOTICE TO FILE MISSING PARTS OF APPLICATION

#### Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a

☐ small entity (statement filed) ☒ non-small entity is \$ 890

☒ 1. The statutory basic filing fee is:

☒ missing.

☐ insufficient.

Applicant must submit \$ 760 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☐ 2. The following additional claims fees are due:

\$ \_\_\_\_\_ for \_\_\_\_\_ total claims over 20.

\$ \_\_\_\_\_ for \_\_\_\_\_ independent claims over 3.

\$ \_\_\_\_\_ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

☒ is missing or unsigned.

☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application was filed in a language other than English.

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

☐ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice **MUST** be returned with the reply.